

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

2072

1. PLACE OF DEATH

64 County Marion
Township Marion
1 City Hannibal (No. 1307)

Registration District No. 547
Primary Registration District No. 3079

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Baby Rogers - Edith Marie Rogers

(a) Residence. No. 1307 Broadway St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 5 - 1931

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
1

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Infant
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Hannibal
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Arthur Rogers
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Hull
(STATE OR COUNTRY) Illinois
12. MAIDEN NAME OF MOTHER May Traubner
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mt. View
(STATE OR COUNTRY) Missouri

14. INFORMANT Arthur Rogers
(Address) 1307 Broadway Hannibal, Mo

15. FILED Jan 7 1931 E. Cousins REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 6 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1931, to Jan 6, 1931, that I last saw him alive on Jan 6, 1931, and that death occurred, on the date stated above, at 4:00 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Perinatal birth
6 month

18. WHERE WAS DISEASE CONTRACTED
159 (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) 159 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

18. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

18. WAS THERE AN AUTOPSY? _____

18. WHAT TEST CONFIRMED DIAGNOSIS
(Signed) H. B. Norton, M. D.
. 19 (Address) Hannibal Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mt Olivet DATE OF BURIAL Jan 7 1931

20. UNDERTAKER Wm M Smith ADDRESS 902 Broadway Hannibal Mo

WRITE PLAINLY; WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 23 1931

